

# Safely Re-entering Long-Term Care Homes During COVID-19:

## A RESOURCE FOR ESSENTIAL CARE PARTNERS

Long-term care (LTC) and retirement homes account for [73 percent of COVID-19 deaths in Canada](#) and continue to bear the brunt of the pandemic. In the early weeks and months of the pandemic, government and the LTC sector adopted strict ‘visitor’ policies in hopes of limiting transmission of COVID-19.

### Background

To try and keep residents safe, residents and their families and friends were separated. Their usual support systems were abruptly removed causing great distress and resulting in unintended harm. The evidence we have now demonstrates family caregivers and friends are not significant sources of transmission when properly supported, (e.g., wearing personal protective equipment [PPE]).

Recognizing the important role of family caregivers and the trauma of separating residents from their external support, LTC homes are now opening to those who provide essential care to residents where local public health policy permits.

This resource, developed in collaboration and guided by a Caregiver Advisory Group, builds on the [LTC+ Acting on Pandemic Learning Together](#) program led by [Healthcare Excellence Canada](#) (the new organization that brings together the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute). One of the six key areas identified to help LTC homes during this pandemic is the **presence of family**.

### Key components of this resource

This resource has been designed to provide key information and guidance for ECPs looking to re-enter a LTC home:

- [What are the Roles and Responsibilities of ECP?](#)
- [How to Navigate Caregiving Together – Advice for ECPs](#)
- [What’s the Current State of LTC Homes?](#)
- [What Are the Current Provincial and Territorial Directives?](#)
- [Want More Information?](#)

This resource was first published in February 2021 by the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute. This edition has been updated based on feedback received from the Caregiver Advisory Group and other partners.

### HELPFUL DEFINITION

**Long-term care homes** can also be referred to by other names, including nursing homes, personal care homes and residential care facilities.

## How can you use this resource?

This resource is designed for essential care partners (ECPs) looking for information and guidance to re-enter LTC homes safely. You do not need to read it front to back, but can go to the sections that you are most interested in. There is also a printer-friendly version if you prefer.

This resource provides general information and guidance, but ECPs are encouraged to be in regular communication with their LTC home. Guidance and rules change frequently and the LTC home itself is your best resource.

This resource has been developed for LTC home settings in general and it cannot cover all the differences found across provinces and territories or within LTC homes. There is diversity in LTC homes and residents, including:

- Type of LTC homes (e.g., public, non-profit and for-profit)
- Location of LTC homes (e.g., urban, rural and northern)
- Types of conditions residents live with
- Staff, residents and families of LTC homes (e.g., culture, language, religion and ethnicity)
- Individualized resident care plans

Some of this information may be useful for ECPs who provide care to residents in supportive/assisted living or independent living.

## Guiding principles

A report by the [Canadian Institute for Health Information](#) (CIHI) confirms that 96 percent of people receiving long-term home care have an unpaid caregiver who provides an average of 38 hours of care per week. It is estimated that caregivers in Canada contribute up to [\\$24 billion annually](#) in unpaid care to patients in hospital, and residents in LTC, home care and other congregate care settings. ECPs:

- Are assets to LTC homes
- Can be educated on how to safely enter LTC homes during a pandemic and should be provided the appropriate tools and resources to do so
- Have a vital role in supporting and sustaining the quality of life and dignity for residents
- Are an important part of the resident's care team and support their care plan
- Can work with LTC providers and build the trust needed to work together safely.

## Importance of essential care partners

ECPs are an integral part of the Canadian healthcare system. The value and impact they have is based on evidence. CFHI and CPSI are supporting the role of ECP through the Essential Together program. ECPs:

- Are more than visitors
- Improve resident and staff safety as well as their physical, psychological, emotional well-being
- Ensure residents, families and essential care partners have a voice in the development of policies related to visitors and ECPs
- Help the resident communicate better with their healthcare teams, which improves staff well-being and job satisfaction.

## HELPFUL DEFINITIONS

**Essential care partner (ECP):** A person who provides physical, psychological and emotional support, as deemed important by the resident. This can include support in decision making, care coordination and continuity of care, including support for minor medical procedures, feeding, ambulation, cognitive stimulation, patient hygiene, medication adherence. ECPs are often vital to ensuring coordination and continuity of care. ECPs can include family members, close friends or other caregivers and are identified by the resident or substitute decision maker.

Also referred to as designated support people, designated caregivers, essential visitors, designated visitors, designated essential visitors, essential care visitors, or partners in care.

**Visitor:** Individuals who have an important social role but do not participate as active partners in care.

**Family caregiver:** Individuals who may include relatives and non-relatives as defined by the residents. They may be ECPs or they may play a less active role.

# Roles and Responsibilities of Essential Care Partners

There should be clear roles and responsibilities for ECPs that are tailored to each ECP and resident.

ECPs:

- Offer a sense of familiarity, comfort, compassion and joy to resident
- Combat loneliness
- Are the eyes, ears, and voice of most medically vulnerable residents
- Can help lessen the symptoms of frailty
- Can ease transition into the LTC home
- Can keep an eye on care quality and advocate for the resident
- Know the resident best (likes, dislikes, preferences, etc.)
- Complements staff's basic care
- Are a key person to communicate with other family members and LTC staff.

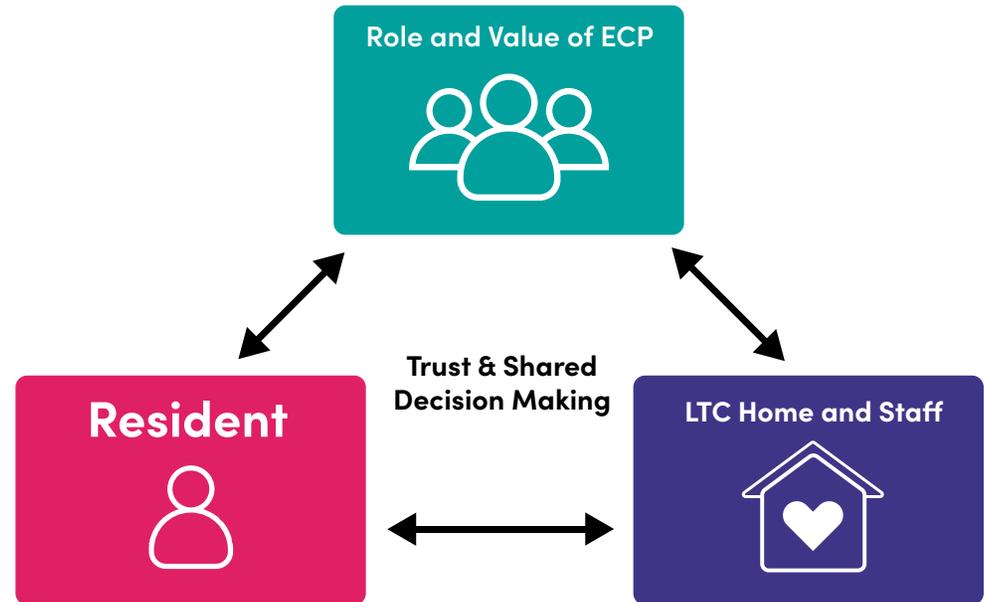


Figure 1: There is a role for ECPs. ECPs are connected to the resident and the LTC home and staff, and can contribute to building trust and making decisions.

## What to expect as an ECP

LTC homes:

- Will likely have policies and procedures in place to guide ECPs
- May articulate their value of the role and presence of ECPs differently
- May use different terminology when referring to ECPs (e.g. designated support person)
- May have different levels of experience of working with ECPs.

LTC staff may or may not understand the role or have experience of working with an ECP, but this should not be a barrier for residents or ECPs.

## Responsibilities of an ECP

We all have a role to play to keep the LTC home as safe as possible for residents. The safest way for an ECP to re-enter an LTC home is to stay safe from infection of COVID-19 by following public health guidelines (e.g. wearing a mask, physically distancing, reducing social contacts and hand washing).

Always be familiar with the rules to enter the LTC home (e.g. hours of access; visit scheduling process):

- If you're not feeling well, don't go to the LTC home. Try to connect virtually or have another ECP go instead, if allowed.
- Respect the LTC home screening procedures. Know if ECPs need proof of a negative COVID-19 test. Whether you need a test will often mirror how much COVID-19 is spreading in the community. If anything is not clear, check with the LTC home.
- Make sure you know all the ways the LTC home tries to prevent and protect individuals from infection. This could include handwashing and wearing PPE (such as masks, gloves, gowns, etc.).
- Be aware areas of the LTC home you're allowed to access and areas that have restricted access.
- Get vaccinated as soon as possible, if you are able to do so. Some provinces and territories are offering priority vaccines to ECPs (see [Appendix A](#) for provincial and territorial vaccination information.)



### TOP TIP!

Public Health Ontario has an [online learning module](#) about infection prevention and control.

### HELPFUL DEFINITIONS

#### **Infection Prevention and Control (IPAC):**

Evidence-informed practices and procedures that, when applied consistently, can prevent or reduce the risk of transmission of microorganisms.

#### **Personal Protective Equipment (PPE):**

Equipment that you may be asked to wear (e.g. gowns, masks, eye protection, face shields or masks with visor attachment) to provide a barrier and help prevent potential exposure to COVID-19.

# Navigating Caregiving Together: Essential Advice for ECPs

Preventing and controlling infection is one of the most important things ECPs can do to help LTC homes remain safe for residents. Use this checklist as a guide and ask your LTC home for clarification if you don't fully understand the infection prevention and control protocols in place.

## TOP TIP!

Pay attention to the infection rates in your own region and community. If the rate rises, the risk of you contracting or passing on COVID-19 to your resident, other residents and/or LTC staff increases.

## Infection prevention and control: What do you need to know? What do you need to do?

Preventing Outbreaks	
I understand how the LTC home <b>handles COVID testing</b> .	
I understand the LTC home's <b>contact tracing procedures</b> .	
I know the LTC home's <b>contact details and communication</b> process.	
I know the protocols for when people don't comply with IPAC requirements.	
I know <b>IPAC policies for LTC staff</b> .	

During Outbreaks	
The LTC home provides me with <b>IPAC training and education</b> (example video).	
I have confirmed with the LTC home <b>what COVID-19 testing</b> I need.	
I know what type of proof of a <b>negative COVID-19 test</b> I need to provide the LTC home.	
I know the LTC home's requirements for <b>verbally confirming</b> (attesting) that I am still COVID-19 negative.	
I know that there is a plan in place if COVID-19 <b>cases increase significantly</b> (surge) in the LTC home.	
I know how residents will be protected if an <b>outbreak occurs</b> .	
I know what to do and what happens if the resident I support as an ECP <b>tests positive for COVID-19</b> and is in isolation.	
I am aware of what happens if I don't <b>comply</b> with the LTC home's IPAC policies and procedures (e.g., cannot enter).	

## Personal Protective Equipment (PPE): What do you need to know? What do you need to do?

### Preventing Outbreaks

I know what **PPE** is required when present with a resident (e.g., face masks, face shields, gloves, gowns).

The **LTC home provides PPE** for me.

I **have to provide** my own PPE.

I can demonstrate I know how to put on (don) and take off (doff) **PPE** safely

### During Outbreaks

I know what **extra PPE measures** are required during an outbreak.

## Essential Communication: Who Should Know What?

Open and transparent communication between the ECP and the LTC home is extremely important. Use this checklist to make sure you, and the LTC home, have all the right information.

Not in Outbreak	
I have provided my resident's <b>contact information</b> to the LTC home, including their Power of Attorney and contact information for alternates and other designated family members.	
This information is <b>clearly documented</b> and posted in the resident's room.	
I know the names of <b>key LTC staff</b> (e.g., LTC medical director, family doctor, director of nursing, NPs etc.).	
The LTC home knows the name and contact information of my <b>resident's family doctor</b> .	
The LTC home knows the name and contact information of any of my <b>resident's specialists</b> .	
The LTC home knows all <b>medications</b> , over-the-counter medications, creams and vitamins currently being taken by my resident.	
I know how to <b>contact my resident</b> (resident tel./email/room #/daytime/after-hours/emergency).	
The LTC home knows the <b>pharmacy</b> or pharmacies used to fill prescriptions when my resident lived in the community.	
I know the options for <b>virtually visiting</b> my resident, including who to contact and how to arrange this.	
I know when <b>care conference meetings</b> take place and who attends.	
I know how to set up <b>external care appointments</b> (e.g., specialist, dentist, optician, etc.).	
I know the <b>options for in-house assessments and consultations</b> by phone or video.	
I know how to connect with the <b>Family Council</b> of the LTC home.	

## Essential Communication: Who Should Know What?

During Outbreaks	
I have provided my resident's <b>contact information</b> to the LTC home, including their Power of Attorney and contact information for alternates and other designated family members.	
This information is <b>clearly documented</b> and posted in the resident's room.	
I know the names of <b>key LTC staff</b> (e.g., LTC medical director, family doctor, director of nursing, NPs etc.).	
The LTC home knows the name and contact information of my <b>resident's family doctor</b> .	
The LTC home knows the name and contact information of any of my <b>resident's specialists</b> .	
The LTC home knows all <b>medications</b> , over-the-counter medications, creams and vitamins currently being taken by my resident.	
I know how to <b>contact my resident</b> (resident tel./email/room #/daytime/after-hours/emergency).	
I know who to write to or call to bring forward a <b>concern or a compliment</b> about LTC home practices or care provided to the resident in event of an emergency or outbreak.	
There is a <b>shared understanding</b> of the type of care/support I will offer the resident (e.g., emotional support, feeding, grooming).	
I and/or the Power of Attorney <b>understand my/our role in the care plan</b> .	
The LTC home knows which <b>physical aids</b> the resident requires (walker, bed railings, etc.).	
The LTC home knows <b>resident preferences</b> for care and activities (e.g., favourite activities, TV shows, minimum medication use, comfort).	
I am made aware of <b>changes</b> to the resident's care plan.	
I know <b>who is providing care</b> to the resident and their qualifications, especially if the resident is living with dementia.	

# What's the Current State of LTC Homes?

COVID-19 hit residents and staff in LTC homes especially hard during the first wave in the spring of 2020. Outbreaks in LTC homes became common and people in Canada watched in dread as the death toll grew and grew. COVID-19 is still a major issue in LTC homes as the second wave hit in the fall and winter of 2020 and 2021.

These point-in-time statistics highlight the disproportionate impact COVID-19 has had on LTC residents and staff. Statistics change daily and current information can be found on the [National Institute of Ageing Long Term Care COVID-19 Tracker](#), which is updated twice per week.

## HELPFUL DEFINITIONS

Leadership/Decision Makers in LTC Homes:

**Administrator** – Responsible for the home's overall management.

**Director of nursing and personal care** – A registered nurse who supervises and directs the nursing staff and personal care staff of the home.

**Medical director** – An independent physician who evaluates and addresses medical practices, clinical procedures and resident care.

Percentage of LTC Homes Affected by COVID-19	LTC Resident Cases	LTC Resident Deaths	Percentage of all COVID-19 Deaths	LTC Staff Cases	LTC Staff Deaths
45%	54,676	14,739	66%	25,092	27

*As of March 16, 2021.*

The pandemic has been particularly difficult for those with loved ones in LTC homes during this time. Banning visitors and essential care partners has worsened the distress, including distress experienced by residents and healthcare providers.

In some instances, a breakdown in trust began to occur between LTC homes, residents and the families and friends who provided compassion and care to them. Not allowing family and friends at the bedside during end-of-life was particularly traumatic. There have also been positive experiences where LTC homes have done their utmost to support and accommodate residents and their families/ECPs remaining connected and engaged.

Provinces and territories and LTC homes have begun to loosen restrictions for essential care partners but often not for visitors. These guidelines are not consistent between and within provinces/territories as the status of the pandemic is not the same interprovincially/territorially. As LTC homes re-open to ECPs, new screening procedures and ways to control infection have been introduced. ECPs need to know about these new procedures and be aware that they may change frequently.

## Unintended harm

LTC homes restricted all visitors in good faith to try and reduce COVID-19 being transmitted person-to-person. It is important to balance the responsibilities of LTC homes to keep residents safe from COVID-19 and the unintended harm caused by not allowing ECPs access to support the physical and mental well-being of residents.

Blanket visitor restrictions are restrictions that extended to all 'visitors' entering a facility, often without exceptions, including ECP. They were issued by provinces and can result in [unintended harm](#) to residents, staff and families and friends.

There is [limited evidence](#) that ECPs transmit COVID-19 to residents in LTC homes, but we do know that resident [isolation](#) can result in increased depression and anxiety and an overall decline in mental health. Increased risk of falls, malnutrition and dehydration can all result from isolation. Residents living with [dementia](#) may also show an increase in behavioural symptoms.

The absence of ECPS to support and assist in resident care has undoubtedly contributed to staff stress and burnout. In some case, staff could not consistently provide the level of care necessary to sustain resident well-being. This led to [moral distress](#) amongst staff, as they knew they need to do more for their residents but can't due to staffing shortages, lack of time and resources.

ECPs, families and friends were also worried and stressed about not being able to monitor the well-being of their residents.

While fewer person-to-person interactions may reduce the likelihood of COVID-19 transmission; [evidence](#) suggests this must be balanced to support the safe re-entry of ECP in LTC during COVID-19, as long as appropriate measures are put in place and communicated to ECPS.

## Vaccination Strategies

Vaccinations are being prioritized to residents living in LTC homes. ECPs should make themselves aware of provincial/territorial, regional and the local policies related to vaccination of ECPs, where in some instances they will also be prioritized.

## UNINTENDED HARM

- ↓ Resident safety
- ↓ Quality of care
- ↓ Quality of life
- ↓ Health outcomes
- ↓ Continuity of care
- ↓ Compassion and dignity for residents
- ↑ Distress for residents, staff, ECPs, families and friends
- ↑ Resident safety incidences

## TOP TIP!

ECPs should communicate directly with the LTC home about accessing COVID-19 vaccinations. Vaccination strategies/priority lists will vary between provinces/territories and regions.

# What are the Current Provincial and Territorial Directives?

Provincial and territorial directives on access to LTC homes vary across the country, partly because the administration and delivery of most healthcare is a provincial-territorial responsibility and the impact and status of the COVID-19 pandemic is not the same everywhere.

Although provincial and territorial ministries provide directives, it's up to regional health authorities and LTC homes to interpret and implement them at the local level. Different types of LTC homes often have different decision-making processes and policies.

See [Appendix B](#) for links to your province's directives.

Provincial and territorial directives usually contain instructions or guidance on the following:

- Vaccines
- COVID-19 testing
- Visiting and ECP access

## HELPFUL DEFINITION

**Provincial/territorial directive:** A statement issued by a provincial/territorial government that provides instructions or guidelines indicating how to perform an action or reach a goal; in this case, how to reduce COVID-19 transmission in LTC homes.

## TOP TIP!

LTC homes can interpret and implement these directives differently. It's vital for an ECP to understand what rules, policies and procedures their LTC home has in place and to maintain close communication with the administration and care team.

# Want More Information?

## Research and policy

Canadian Foundation for Healthcare Improvement (CFHI)

- [Policy Guidance for the Reintegration of Caregivers as Essential Care Partners](#)
- [Evidence Brief: Caregivers as Essential Care Partners](#)
- [Pandemic Preparedness and Response in Long-Term Care: Self-Assessment](#)

Canadian Agency for Drugs and Technologies in Health (CADTH)

- [COVID-19 Infection Risk Related to Visitors in Long-Term Care](#)
- [Psychological and Social Effects/Implications of Isolation for Long-Term Care Residents: Synopsis of Reference Search Results](#)
- [Synopsis of the Evidence on Best Practices for Supporting Staff and Mitigating Concerns during Re-Opening of Long-Term Care Homes](#)

National Institute on Aging

- [Finding the Right Balance: An Evidence-Informed Guidance Document to Support the Re-Opening of Canadian Long-Term Care Homes to Family Caregivers and Visitors during the COVID-19 Pandemic](#)

Ontario Centres for Learning, Research and Innovation in Long-Term Care

- [Supports during COVID-19](#) (including Communication at End of Life)

Diversity in LTC homes

- [Embracing Diversity: A Toolkit for Supporting Inclusion in Long-Term Care Homes](#)

Virtual visits

- [Virtual Visits Toolkit](#)

# Appendix A: FAQs

## **How do I become an ECP?**

If your LTC home recognizes the role of ECPs, it is handled at the LTC home level and should be guided with resident and family input. Make sure you find out the LTC home's policies and procedures about naming an ECP (or ECPs) and who in the LTC home is responsible for this.

## **Is it safe to enter a LTC home when it is in outbreak?**

It can be safe to enter a LTC home that is in outbreak, however you should be aware that you could be at an increased risk of contracting COVID-19. You can maximize your safety by following the (extra) infection control procedures that may be put in place by the LTC home.

## **Am I replacing care that LTC staff provide?**

No. Staff are still responsible for providing care for basic needs. However, in many instances the staff and ECP work together to support feeding, toileting and mobility. The care an ECP provides includes compassion, advocacy, companionship and anything else to improve a resident's quality of life.

## **What do I do if I have concerns about safety or the care my resident is receiving?**

Check in with your LTC home contact first. Contact your local Resident or Family Council for advice. Some provinces also have a Patient Ombudsman office.

## **If I'm an ECP, can I make all the care decisions for my resident?**

The resident has first authority on making decisions about their care and support. In some cases, other people may hold legal authority (e.g., power of attorney) or your resident may have 'goals of care' or a living will guiding their medical intervention. ECPs are part of the care and decision-making team.

## **Do residents have rights?**

Some provinces, like [British Columbia](#) and [Ontario](#), have a Residents' Bill of Rights. Other provinces and territories have laws that protect medically vulnerable people. Make sure you know about these to support you as an ECP and help keep your resident safe.

## Appendix B: Provincial and Territorial Directives

Provinces and territories have different directives and guidelines for visiting LTC homes, COVID-19 testing and vaccine roll-out (including who will get vaccines first). This table provides links to current provincial and territorial information. Information accurate as of March 16, 2021.

Province	Visiting Directives	Testing Directives	Vaccine Roll-out Information and Priorities
British Columbia	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Alberta	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Ontario	<a href="#">Visiting</a>	<a href="#">Testing</a>	<a href="#">Vaccines</a>
Quebec	<a href="#">Visiting</a>	Testing can be requested, but is not a standard requirement.	<a href="#">Vaccines</a>
Saskatchewan	<a href="#">Visiting</a>	<a href="#">Testing</a>	<a href="#">Vaccines</a>
Manitoba	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
<a href="#">New Brunswick</a>	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Nova Scotia	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Prince Edward Island	<a href="#">Visiting</a>	<a href="#">Testing may be required</a>	<a href="#">Vaccines</a>
Newfoundland and Labrador	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Yukon	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Northwest Territories	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>
Nunavut	<a href="#">Visiting</a>	Testing not required	<a href="#">Vaccines</a>

# Appendix C – Caregiver Advisory Group

Thank you to the Caregiver Advisory Group members. We appreciate your guidance, honesty and contributions that has made this resource possible.

- Jane Coyle, Patients for Patient Safety Canada
- Jim LaPlante, Volunteer Care Advisor
- Kim Neudorf, Patients for Patient Safety Canada
- Laurier Boucher, patient- partenaire, Direction collaboration et partenariat patient, Faculté de médecine, Université de Montréal
- Lisa Poole, Family Care Partner
- Susan Conklin, Essential Care Partner Advisor
- Susan Mills, Essential Care Giver

## **ABOUT HEALTHCARE EXCELLENCE CANADA**

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world. HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.